

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

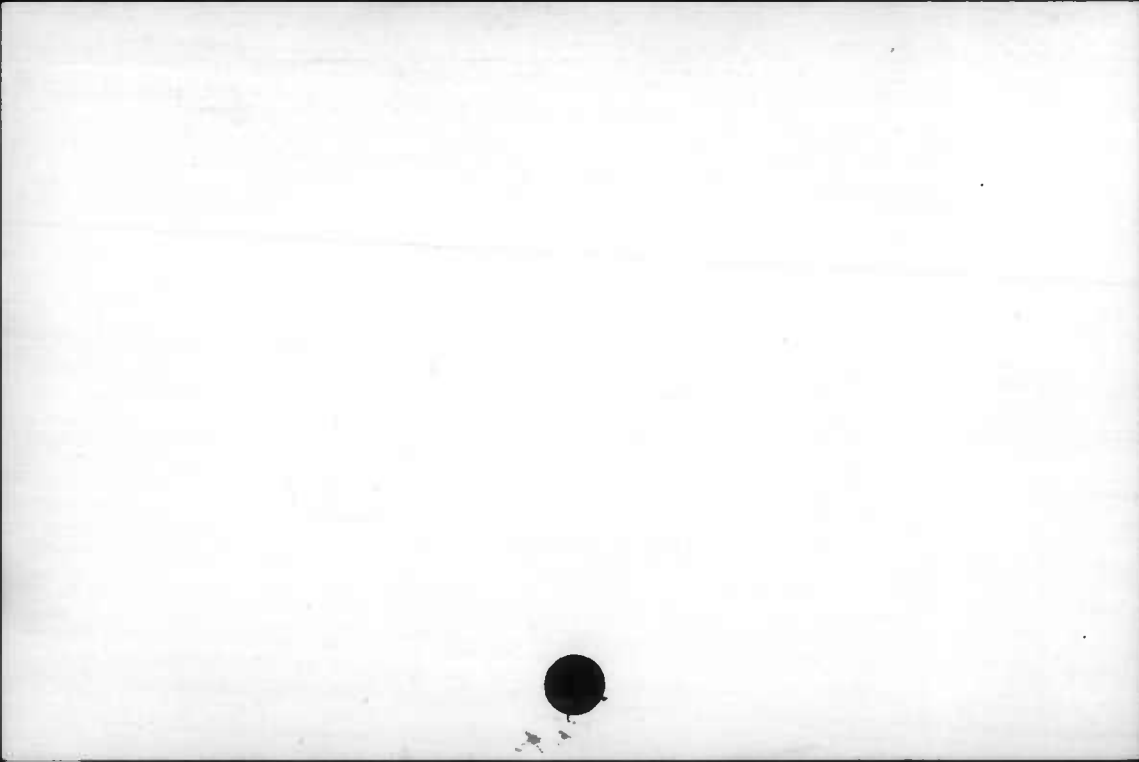
Died <i>near</i> <i>Apple</i> <i>Bailey</i> <i>Salboro</i> <i>County</i>		TOWN		COUNTY		STATE	
Date of death 1909		Month 5		Day 2		Age —	
Sex Male		Color or Race Negro		Birth-place Salboro Co Ind		Months — Days 1	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name George Bailey		Father's Birthplace Salboro Co Ind					
Mother's Maiden Name Henrietta Banton		Mother's Birthplace " " "					
Name of person giving Information Harriet Banton		How related to deceased Aunt					

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Malformation	How long	1 day
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph A. Ross M.D.
		Address	Apple Salboro Co, Ind
Accident or Suicide			



Name
in
Full

Cliza Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

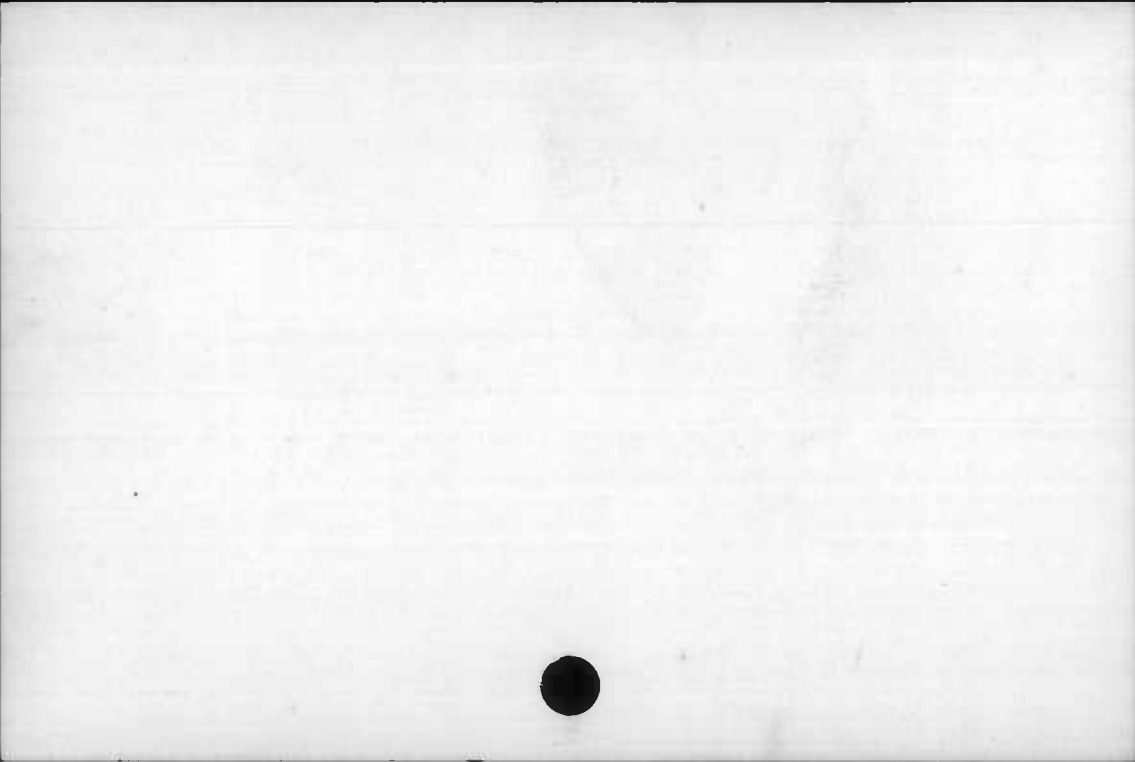
Died at <u>Easton</u> <small>Town</small>		<u>Tallot</u> <small>County</small>			
Date of death <u>1909</u> <small>Month</small>	<u>May</u>	<u>22</u> <small>Day</small>	Age <u>62</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Trappe, Talbot</u>			
Occupation <u>Cook</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Lenord Brown</u>				
Father's Name <u>Wase Cooper</u>	Father's Birthplace <u>Trappe</u>				
Mother's Maiden Name <u>Annie Cooper</u>	Mother's Birthplace <u>Trappe</u>				
Name of person giving information <u>R.C. Cuff</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Natural Degeneration</u>	How long <u>3 yrs.</u>
Immediate <u>Pulmonary Edema</u>	How long <u>1/2 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James B. Merritt 3rd</u>
	Address <u>222 E. Dover St</u>
Accident or Suicide?	<u>Easton</u>



Name
in
Full

Ellen Brummett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Belleme</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death	1909	Month	5	Day	9
Age	36	Years		Months	1
				Days	29
Sex	Female	Color or Race	Negro	Birth-place	Talbot Co
Occupation	Dyers Shucker & Housewife				
Where Residing if not at place of death	—				
Married, Single or Widowed	Single				
Name of Wife or Husband	Jno Brummett				
Father's Name	Perry Adams			Father's Birthplace	Talbot Co
Mother's Maiden Name	Maria Adams			Mother's Birthplace	Talbot Co
Name of person giving Information	Edward Brummett			How related to deceased	Husband

CAUSES OF DEATH

104

Primary	Acute Indigestion	How long	1 hour or two
Immediate	Rupture of blood vessel	How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Samuel C. Tripper
		Address	Royal Oak. Md
Accident or Suicide	—		

PHYSICIAN
OR CORONER



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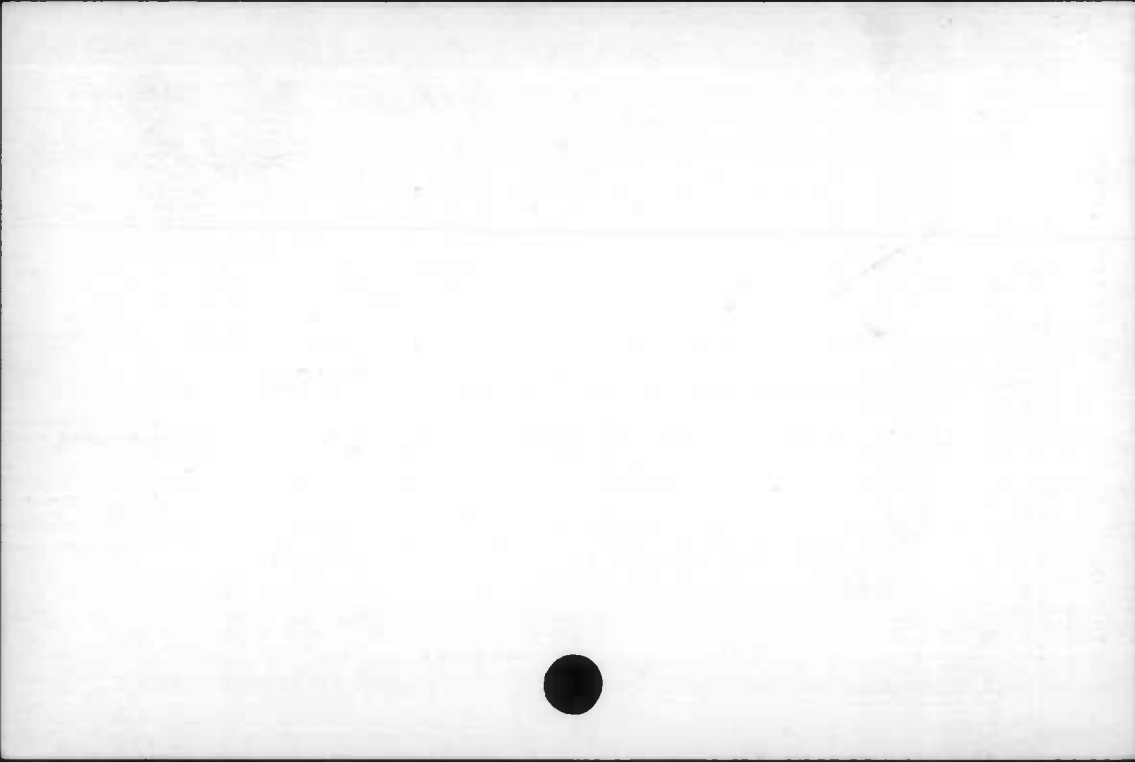
Died at		Town <i>Trappe</i>		County <i>Talbot</i>		State MARYLAND	
Date of death		Month <i>May</i>	Day <i>24</i>	Age <i>69</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>Aegra</i>		Birth-place <i>Dorchester Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Trappe</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Maria Camper</i>					
Father's Name <i>Lewis Camper</i>		Father's Birthplace <i>Dorchester Co.</i>					
Mother's Maiden Name <i>Maria Camper</i>		Mother's Birthplace <i>Dorchester Co.</i>					
Name of person giving Information <i>Lewis Camper</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>Unknown</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. McBurnick</i>
	Address <i>Trappe Md</i>
Accident or Suicide	



Name
in
Full

Ida May Coulbourn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Michaels Town Fulbot County **MARYLAND**

Date of death 1909 May Month 7 Day Age 27 Years Months Days

Sex Female Color or Race Colored Birth-place Maryland

Occupation housewife Where Residing if not at place of death St Michaels

Married, Single or Widowed Married Name of Wife or Husband H. J. Coulbourn

Father's Name Thomas H. Dornus Father's Birthplace Maryland

Mother's Maiden Name Mary J. Dennis Mother's Birthplace " "

Name of person giving Information H. J. Coulbourn How related to deceased husband

CAUSES OF DEATH

Primary Pulmonary Tuberculosis

How long

2 years

Immediate Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Davis
St Michaels
md

~~Accident or Suicide~~

PHYSICIAN
OR CORONER



Name
in
Full

Charles Henry Goued

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Easton		Talbott					
Date of death		Month	Day	Age	Years	Months	Days
1909		May	19			11	220
Sex		Color or Race		Birthplace			
Male		Black		Talbott			
Occupation				Where Residing if not at place of death			
X				X			
Married, Single or Widowed		Name of Wife or Husband					
X		X					
Father's Name		Father's Birthplace					
John Goued		Talbott					
Mother's Maiden Name		Mother's Birthplace					
Raza Brice		Talbott					
Name of person giving Information		How related to deceased					
John Goued		father					

CAUSES OF DEATH

Primary	Suppurative Erysipelas of Liver	How long	4 weeks.
Immediate	Cardiac Asthenia	How long	2 days.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

P. L. Traverso,

Easton, Md.

Accident or Suicide

New Chapple

Name
in
Full

John F. Hoance

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Eaton		Talm		MARYLAND	
Date of death		1909	May	15	Age	18	
Sex	Male	Color or Race	White	Birthplace	Talm		
Occupation	Butcher		Where Residing if not at place of death		X		
Married, Single or Widowed	Single		Name of Wife or Husband		X		
Father's Name	John F. Hoance		Father's Birthplace		Baltimore		
Mother's Maiden Name	May William		Mother's Birthplace		Talm		
Name of person giving Information	May Hoance		How related to deceased		Mother		

CAUSES OF DEATH

27

L

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	6 months
Immediate	Hemorrhage	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Robt. C. C. C.
		Address	Easton, Md.
Accident or Suicide			

Helicoverpa

Name
in
Full

Fanny Johnson

CERTIFICATE OF DEATH

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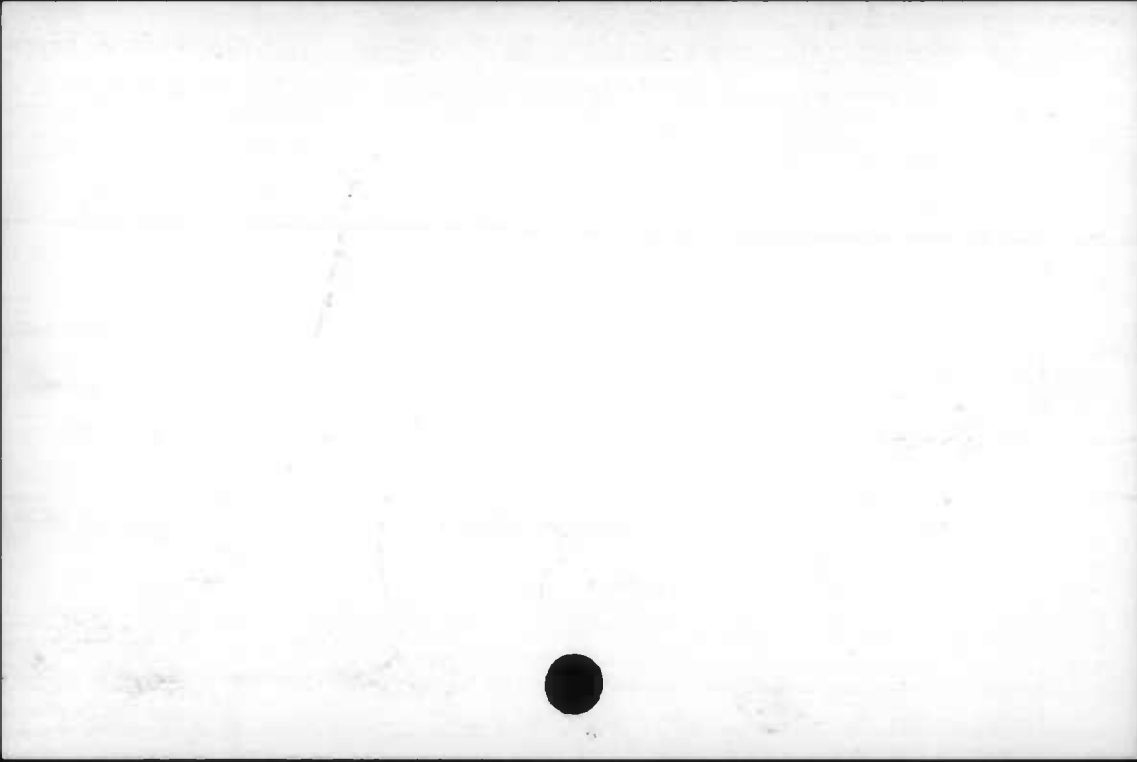
Died at <i>McDaniel</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	190 <i>9</i> Month <i>May</i>	Day <i>13</i>	Age <i>35</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Talbot Co.</i>		
Occupation <i>Home Wife</i>		Where Residing if not at place of death <i>McDaniel</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles Johnson</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Mary Johnson</i>	Mother's Birthplace <i>Talbot Co.</i>				
Name of person giving Information <i>Charles Johnson</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>Six months</i>
Immediate	<i>Cardiac failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter Wad.</i>	
<i>Yes</i>		Address <i>St Michaels, Md.</i>	
Accident or Suicide <i>No</i>			



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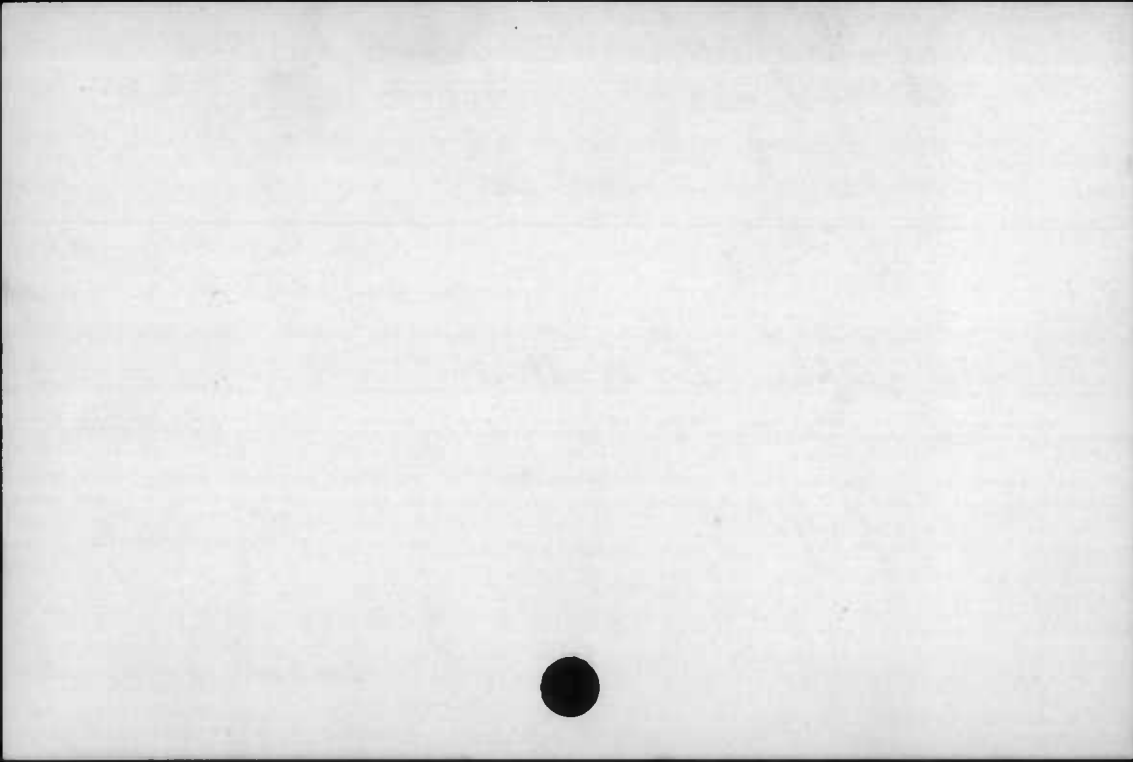
Name in Full <i>Josiah Henry Johnson</i>		Town <i>Cordova</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Cordova</i>		Date of death <i>1909</i>		Month <i>May</i>		Day <i>24</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Granboro</i>		Age <i>67</i>	
Occupation <i>Farm laborer</i>		Where Residing if not at place of death <i>Cordova</i>		Months _____		Days _____	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Emma Johnson</i>		Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		Name of person giving information <i>Emma Johnson</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Probably Chronic Bright's</i>	How long <i>2 or 3 years</i>
Immediate <i>Edema of lungs.</i>	How long <i>a few hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. M. Stille, M.D.</i>
	Address <i>Cordova, Md.</i>
Accident or Suicide? <i>Death sudden no Physician had been in attendance</i>	



Name
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Full

Charles Dutton Keirney

CERTIFICATE OF DEATH

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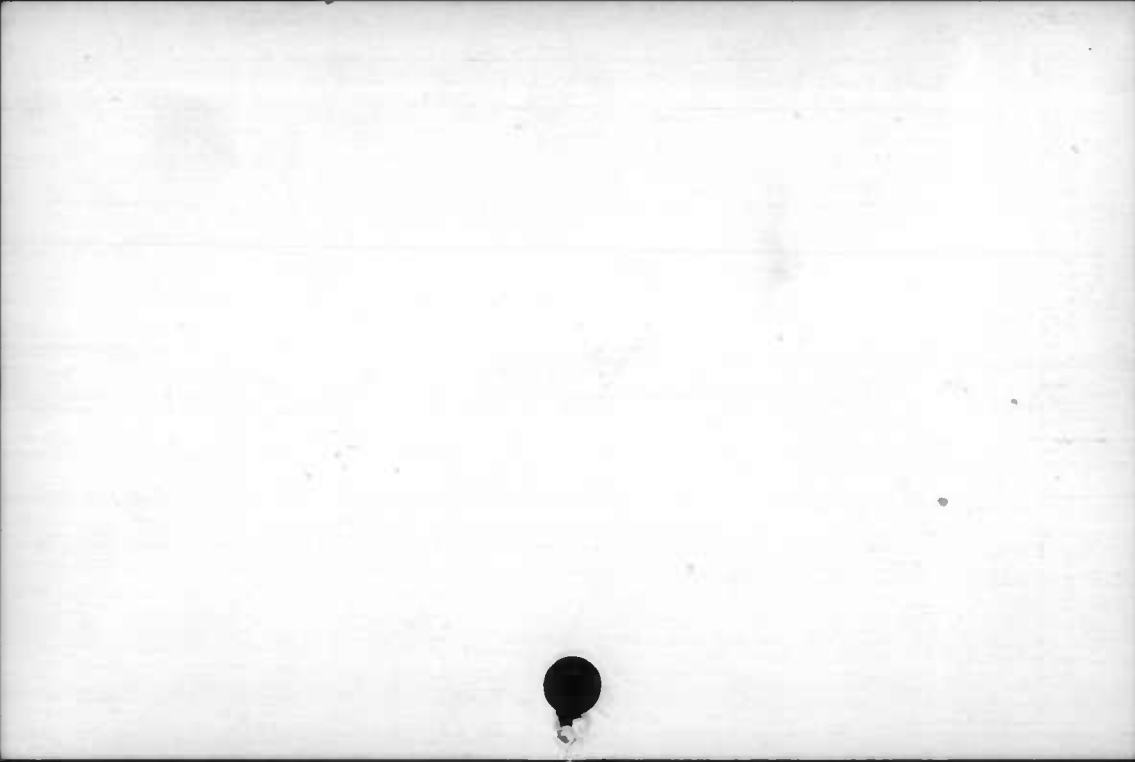
Died at <u>St Michaels</u> ^{Town}		<u>Falbb</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>18</u>	Age <u>57</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Cincinnati O.</u>			
Occupation <u>Capitalist</u>	Where Residing if not at place of death <u>Cincinnati O.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jeanneette H. Keirney</u>				
Father's Name <u>Joseph N. Keirney</u>	Father's Birthplace <u>Vermont</u>				
Mother's Maiden Name <u>Alphia-L. Dutton</u>	Mother's Birthplace <u>Vermont</u>				
Name of person giving Information <u>George K. Keirney</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

64 L

PHYSICIAN
OR CORONER

Primary <u>Ap. of legs</u>	How long <u>Immediate</u>
Immediate <u>Heart failure</u>	How long <u>;</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. Davis</u>
	Address <u>St Michaels Md</u>
Accident or Suicide <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Klarmann*

Town *Chapel* County *Talbot* MARYLAND

Died at *Chapel*

Date of death *1907* Month *May* Day *24* Age *18* Years Months *8* Days *14*

Sex *Male* Color or Race *White* Birth-place *Oldenburg, Germany*

Occupation *Farm hand for 2 months - Sailed before* Where Residing if not at place of death *Chapel*

Married Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Unknown* Father's Birthplace

Mother's Maiden Name *Unknown* Mother's Birthplace

Name of person giving information *J. H. Glock (2 months)* How related to deceased *Employer*

CAUSES OF DEATH

Primary *Strangulation by hanging*

Immediate *Asphyxia*

157

How long *157* ✓

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Suicide by hanging

B. M. Little M.D.

Conover, Md.



Name
in
Full

Emma Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Michaels Town Talbot County

DATE of death 1909 May Month 16 Day Age 20 Years Months — Days —

Sex Female Color or Race Black Birth-place B. B. Neck

Occupation None Where Residing if not at place of death St Michaels

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John Lawrence Father's Birthplace St Michaels

Mother's Maiden Name Ida Johnson Mother's Birthplace St Michaels

Name of person giving Information Rosa Lawrence, daughter How related to deceased Child

CAUSES OF DEATH

Primary Complication, Cataracts, Blindness How long Several Years

Immediate — How long —

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

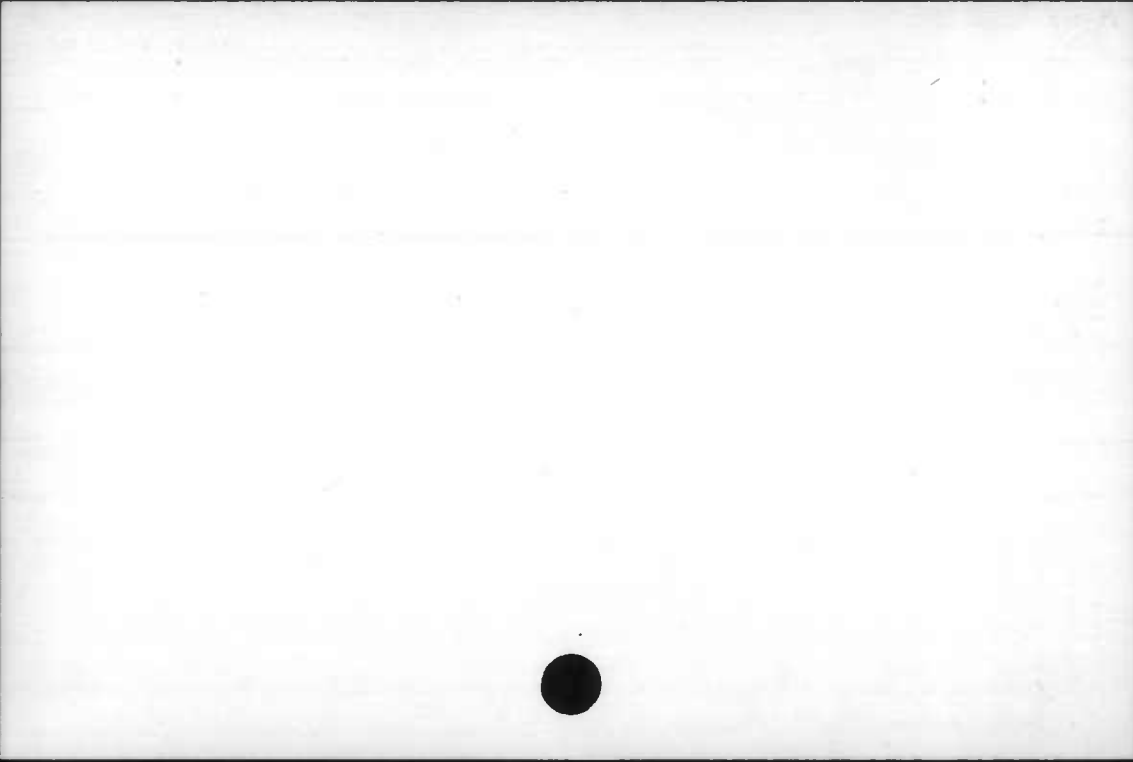
None in attendance

Address

Walter Skinner
Pub. Reg.

Accident or Suicide

No



Name
in
Full

Samuel Murry

CERTIFICATE OF DEATH

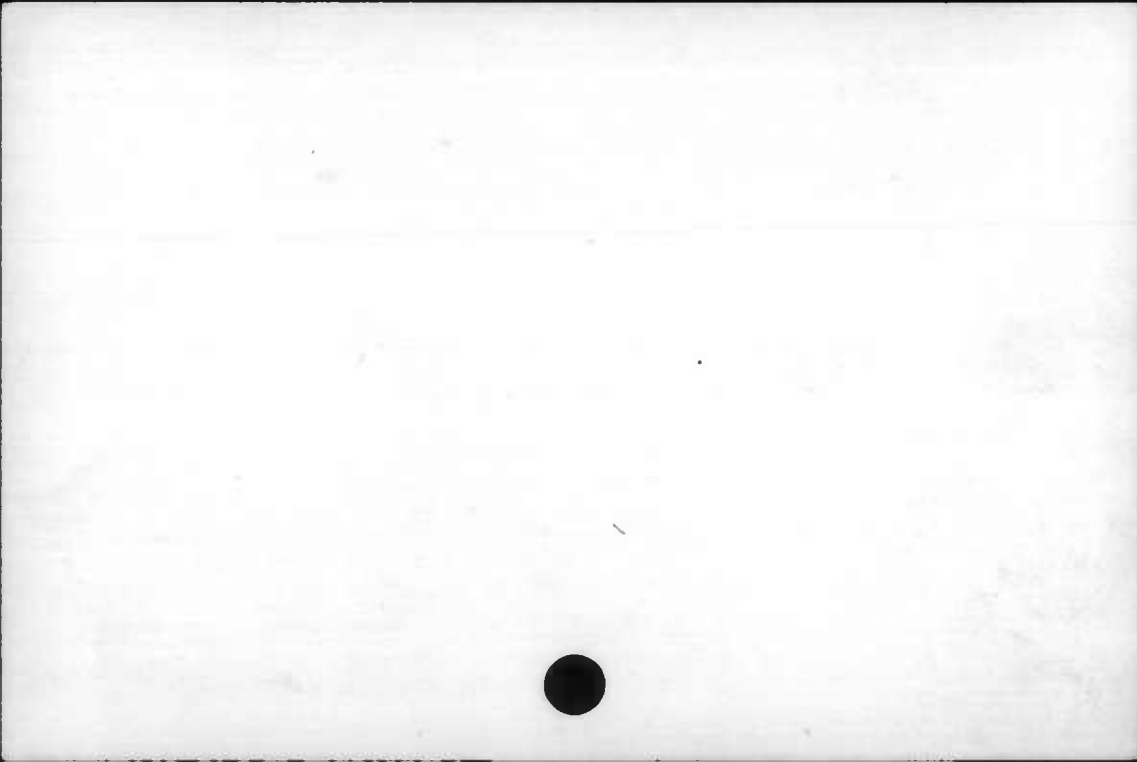
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wittman		County Talbot		MARYLAND	
Date of death		1909	Month May	Day 3	Age 72	Months —	Days —
Sex Male		Color or Race Black		Birth- place Sherwood Md			
Occupation General Laborer		Where Residing if not at place of death Wittman Md					
Married, Single or Widowed Married		Name of Wife or Husband Cecelia Murry					
Father's Name Abson Murry		Father's Birthplace Talbot Co					
Mother's Maiden Name Mollie		Mother's Birthplace Not Known					
Name of person giving Information Cecelia Murry		How related to deceased Wife -					

CAUSES OF DEATH

Primary	Loa Grippe	How long	10
Immediate	Hemiplegia	How long	1 day
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S. Kennedy Wilson	
		Address Tilghman Md	
Accident or Suicide No -			

PHYSICIAN
OR CORONER



Name
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Full

Mary E Palmer

CERTIFICATE OF DEATH

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NEAREST FRIEND

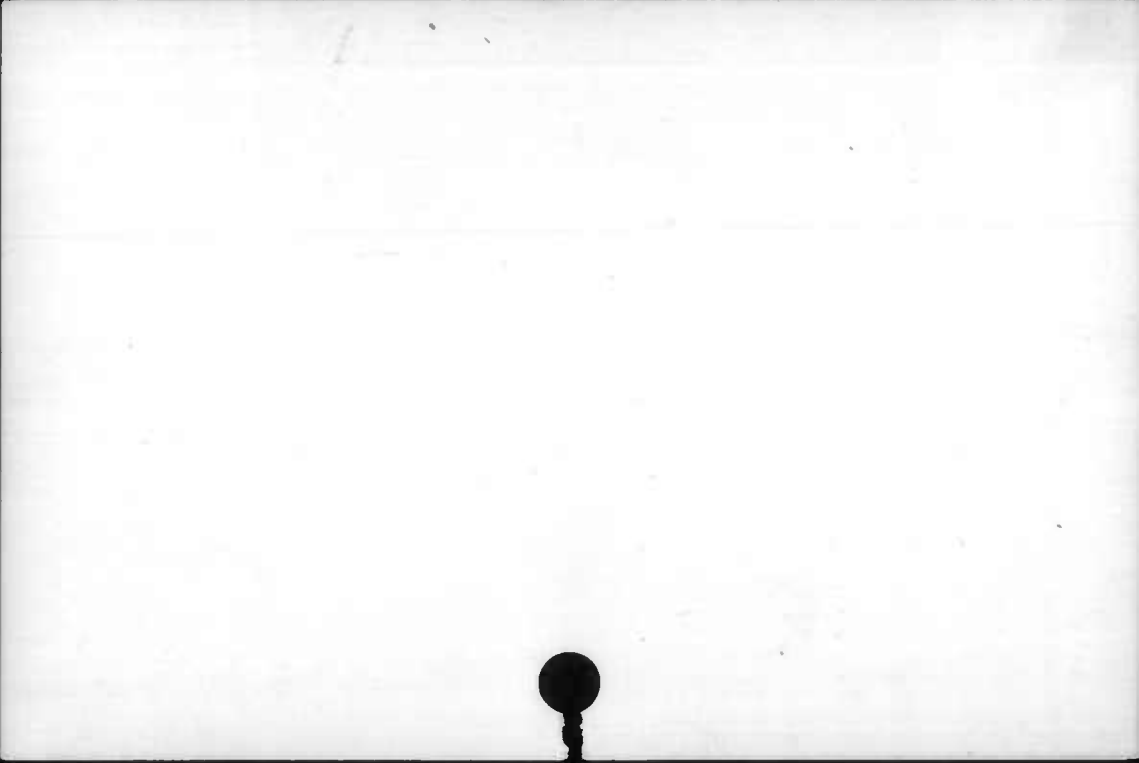
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		May	4	36			
Sex	Female		Color or Race	White		Birthplace	Talbot Co
Occupation	Semi-student		Where Residing if not at place of death		x		
Married, Single or Widowed	Married		Name of Wife or Husband		John K Palmer		
Father's Name	Robt E Young				Father's Birthplace	Del	
Mother's Maiden Name	Mary E Harney				Mother's Birthplace	Talbot Co	
Name of person giving Information	Robt E Young				How related to deceased	Father	

CAUSES OF DEATH

(41)

PHYSICIAN
OR CORONER

Primary	Cerebral Anemia	How long	One year
Immediate	General Anemia	How long	Three weeks
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		P. L. Mason	
Address		Easton, Md.	
Accident or Suicide			



Name
in
Full

Benjamin Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		May	28	Age 70	3		
Sex	male	Color or Race	white		Birth-place	Luen Amas Lee	
Occupation	Labor			Where Residing if not at place of death		X	
Married, Single or Widowed	married		Name of Wife or Husband		Hester Porter		
Father's Name	Benjamin Porter				Father's Birthplace	X	
Mother's Maiden Name	I do not know				Mother's Birthplace	X	
Name of person giving Information	A. H. Haynace				How related to deceased	Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	66	4 weeks
Immediate	Edema of Lungs	How long		24 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		James B. Merritt Jr.		
		222 E. Dover St.		
Accident or Suicide				

Landings over the

Name
in Full

Tammy Ammi Reese

CERTIFICATE OF DEATH

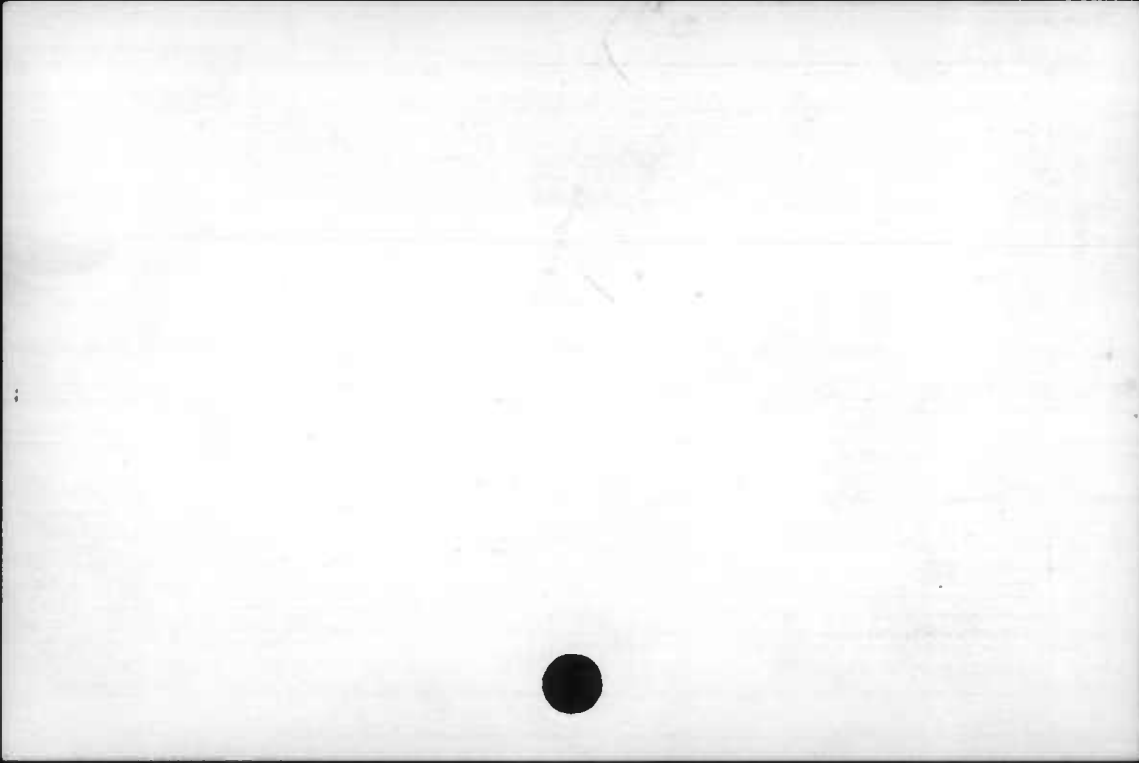
TO BE ANSWERED BY
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Died at		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>24</i>	Age <i>86</i>	Months <i>one</i>	Days <i>8</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Greensboro, N.C.</i>				
Occupation <i>Lady</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Levi R. Reese</i>						
Father's Name <i>William Hughlett</i>	Father's Birthplace <i>Greensboro, N.C.</i>						
Mother's Maiden Name <i>Mary Richards</i>	Mother's Birthplace <i>Milford, Del</i>						
Name of person giving Information <i>Hughlett Hardcastle</i>	How related to deceased <i>Nephew</i>						

CAUSES OF DEATH

Primary <i>Infirmities of years</i>	How long <i>154</i> <i>2 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. A. Davidson</i>
	Address <i>Easton Md</i>
<i>Accident or Suicide</i>	

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

Thomas Jefferson Slaughter

Died at

M^d Daniel

Town

Talbot

County

MARYLAND

Date

of death

1909

Month

May

Day

20

Years

Age 72

Months

4

Days

2

Sex

Male

Color or
Race

White

Birth-
place

Chester Co. Pa.

Occupation

Farmer

Where Reiding if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Huaband

Eliza Jane Slaughter

Father's
Name

James Slaughter

Father's
Birthplace

Virginia

Mother's
Maiden Nama

Eliza Turner

Mother's
Birthplace

Virginia

Nama of person giving
Information

Howard Slaughter

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral hemorrhage

How long

64

One hour

Immediate

Cardiac failure

How long

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

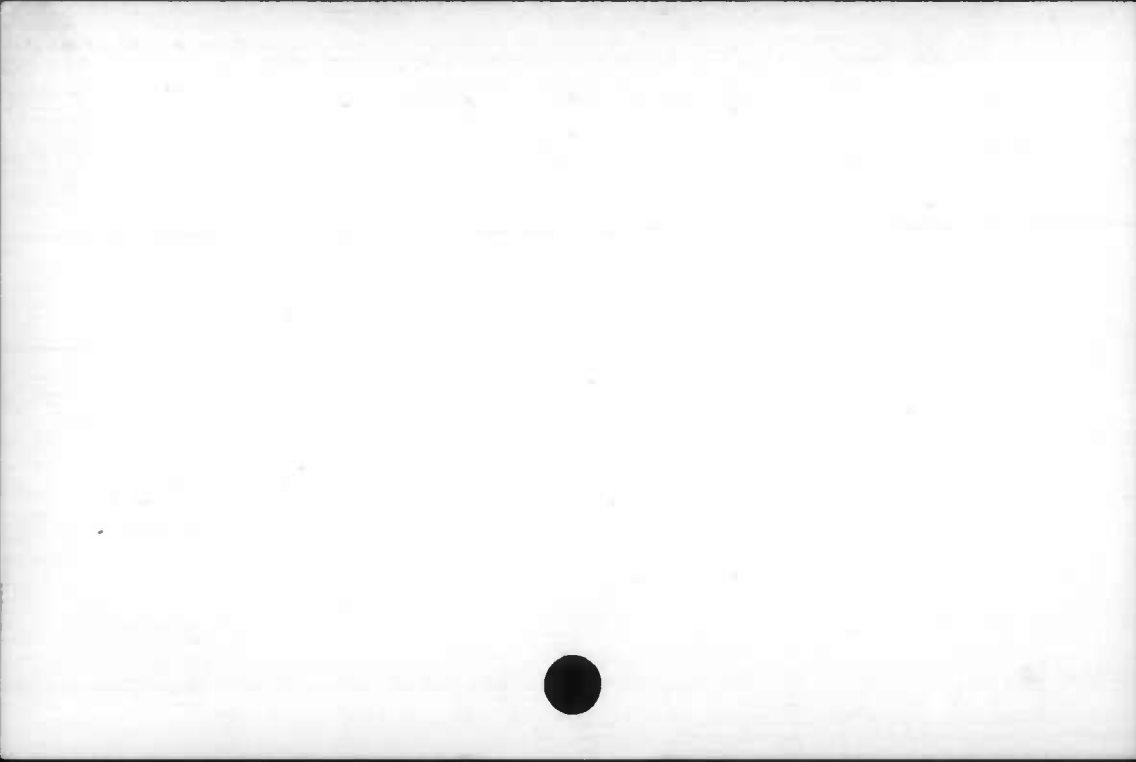
Address

J. H. Slaughter, M.D.
Dr. Michael's
md.

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

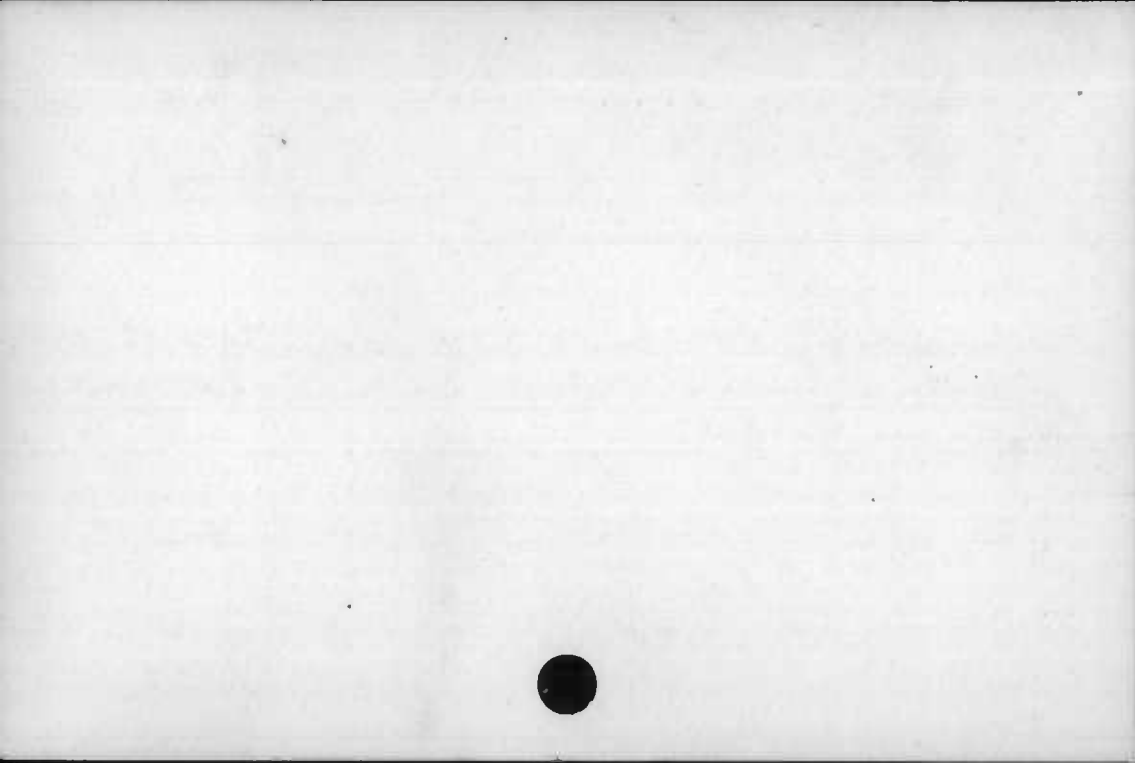
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Jefferson</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1909	Month <i>May</i>	Day <i>24</i>	Age	Years <i>66</i>	Months <i>4</i>	Days <i>4</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Talbot Co Md</i>
Occupation	<i>White Laborer</i>			Where Residing if not at place of death		<i>Orford Md</i>	
Married, Single or Widowed	Name of Wife or Husband			<i>Katie Thomas</i>			
Father's Name	<i>Jacob Thomas</i>					Father's Birthplace	<i>St Michaels Md</i>
Mother's Maiden Name	<i>Not known</i>					Mother's Birthplace	<i>St Michaels Md</i>
Name of person giving information	<i>Kate Morris Thomas</i>					How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>8 months</i>
Immediate	<i>Heart & Lungs</i>	How long	<i>Short time</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Coates M.D.</i>
		Address	<i>Orford Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Ada Tilghman
Town *Hopkins* County *Talbot*

MARYLAND

Diad at *Hopkins*
Date of death 190 *9* Month *May* Day *22nd* Age *18*

Months

Days

Sex *Female* Color or Race *Colored*

Birth-place *Talbot Co. Md.*

Occupation *Domestic*

Where Residing if not
at place of death

Married, Single or Widowed *Single*

Name of Wife or
Husband

Father's Name *Chas. H. Tilghman*

Father's Birthplace *Talbot Co. Md.*

Mother's Maiden Name *Linda Thomas*

Mother's Birthplace *Talbot Co. Md.*

Name of person giving
Information *Chas. H. Tilghman*

How related
to deceased *Father*

CAUSES OF DEATH

138 ✓

Primary *Puerperal Convulsions*

How long *3 or 4 days*

Immediate *Coma*

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

James B. Zippke

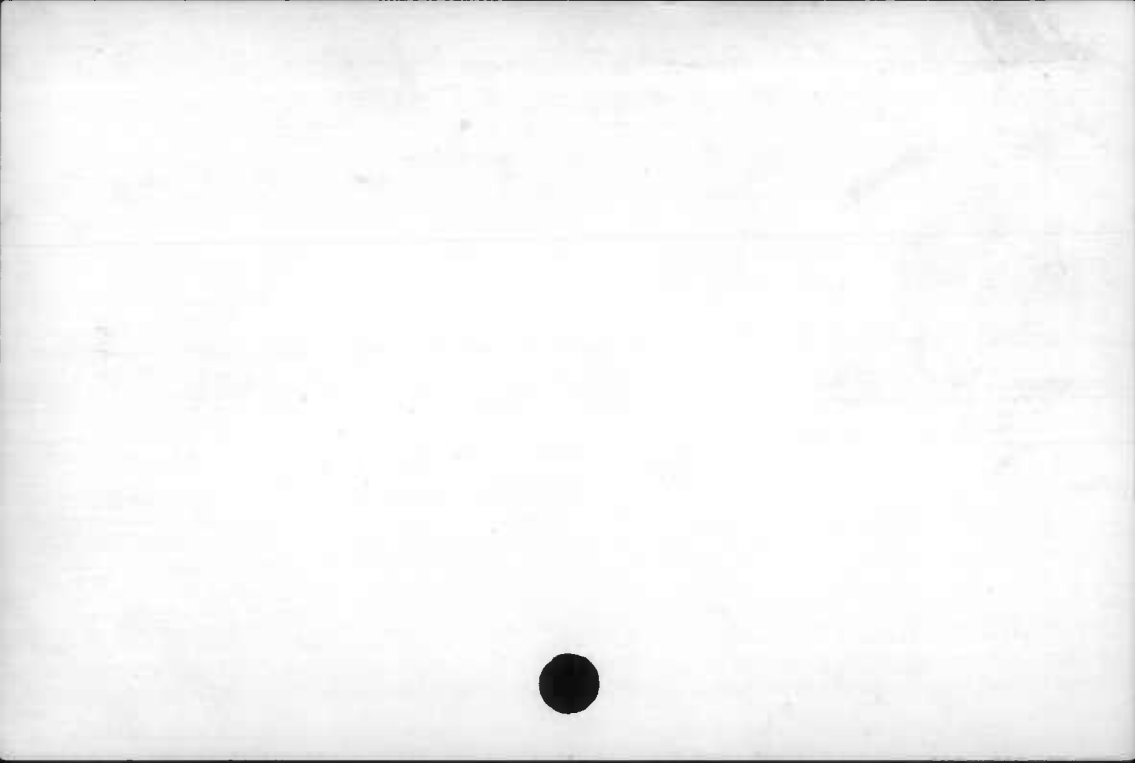
Address

*Royal Oak
Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Minnie Louisa Turner

CERTIFICATE OF DEATH

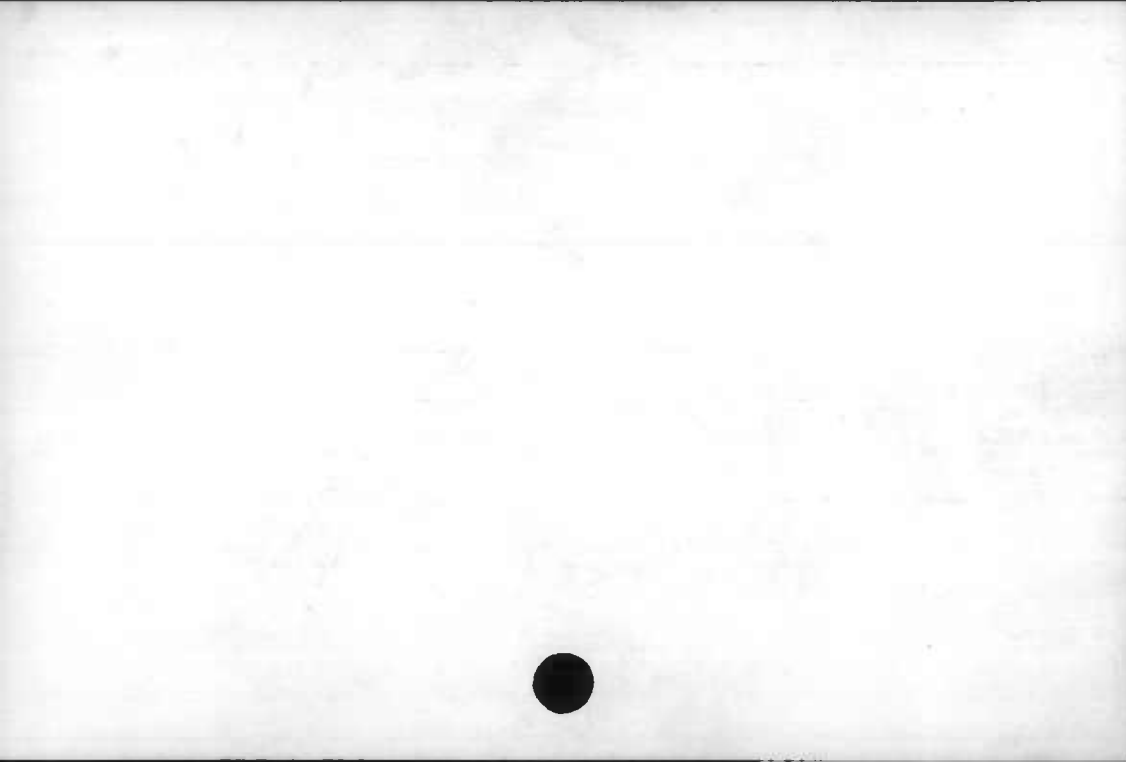
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Trappe		County Talbot		MARYLAND	
Date of death		Month 1909 May	Day 31	Age	Years 2	Months 10	Days 5
Sex female		Color or Race colored		Birth place Talbot Co.			
Occupation ✓				Where Residing if not at place of death ✓			
Married, Single or Widowed ✓		Name of Wife or Husband ✓					
Father's Name Charles Brooks				Father's Birthplace Talbot Co.			
Mother's Maiden Name Bessie Turner				Mother's Birthplace Talbot Co.			
Name of person giving Information William Atkins				How related to deceased uncle			

CAUSES OF DEATH

Primary	Whooping Cough	How long 8	2 months
Immediate	Pneumonia	How long	Several days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm S. Seymour	
		Address Trappe Md.	
Accident or Suicide no			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Thomas J. Miblight</u>		Town <u>Mearitts</u>		County <u>Talbot</u>		MARYLAND	
Date of death <u>1909</u>		Month <u>May</u>		Day <u>22</u>		Age <u>72</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birthplace <u>Wicomico</u>		Months <u>20</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Same</u>					
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Elizabeth Miblight</u>					
Father's Name <u>Henry Miblight</u>		Father's Birthplace <u>Wicomico Co.</u>					
Mother's Maiden Name <u>Elizabeth Baker</u>		Mother's Birthplace <u>" "</u>					
Name of person giving information <u>Gas. B. Miblight</u>		How related to deceased <u>Son</u>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>2 yrs</u>
Immediate <u>Heart Failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. B. Sells</u>
	Address <u>J. B. Sells</u>
Accident or Suicide? <u>No</u>	<u>Ad.</u>

